Sheila Wall Hill convened the committee meeting at 10:00 am. Susan Robinson reviewed the requested information and sample data and sample reports requested by the child and family committee during the May 5, 2006 meeting. Next the committee reviewed the data requests and possible responses to these requests as outlined below. Members then reviewed the revised child section of the Block Grant Plan including the executive summary, accomplishments, narrative text, trend data inserted in the criterion indicators and measures tables.

Discussion included the following: the current measures and what the data tells us and how to include in the Plan this year or possibly in future Plans as the data sources become more solid and consistent trend analysis is possible.

- what information is missing, what information thru past data systems were available e.g. the Child Plan (amended March 2004) articulates over-utilization of residential services and limited community based services – **suggested measure of # of children served in community vs. out of home;**
- what regular reports are generated that could better inform the Council on a periodic basis in developing the plan and monitoring those served/not served and outcomes;
  - o **RESPONSE:**
    - Yes- see examples. Review NCTOPPS quarterly reports for items.
- what role do consumers have in satisfaction survey and quality management/improvement designs thru the LME and especially now thru directly enrolled providers;
  - o **RESPONSE:**
    - Quality Management has consumers involved in designs presently. Will continue to engage consumers (child & family and adult reps). QM will keep Council members in mind for interested representatives/volunteers for this in the future. Diversity needs to be improved in representation.
- what process is in place to train providers on use of NCTOPPS and how do consumers know about this tool and complete survey and tools without fear of retaliation or discrimination; families are at the mercy of providers and cannot afford to alienate them;
  - o **RESPONSE:**
    - The NCSU QUACs contractors do regular training and there is a self-tutorial available as well. These trainings are usually posted on the web under the NCTOPPs Link. http://nctopps.ncdmh.net/
- need for training of families/youth re: informed consent and informed decision-making; providers need the same training to assure informed consent and decision-making occurs – e.g. recent requirement for families to designate a community support provider prior to March 20th in an effort to assure a responsible provider was facilitating and monitoring child and family team process in the development of person centered plans;
  - o **RESPONSE:**
    - Training item discussed with Communications & Training Team, Clinical Policy and DMA.
    - QM – consumer choice item may address this

- ✔ what data exists from other agencies that can inform and support the DMHDDSAS data to demonstrate progress toward outcomes or indicate where system changes in approach are needed with representation of trends over time.
    - ○ **RESPONSE**:
        - ▪ DSS – see federal and state child outcomes
        - ▪ DPI – see PBS outcomes report, other??
        - ▪ DPH – see child health report card??
        - ▪ DJJDP – see annual report ??
        - ▪ AOC – see annual reports from GAL, CIP, Family Drug Treatment courts

Some <u>broader systems issues</u> were raised as well that will serve to inform topical discussions re: school mental health services, transition age youth needs, provider capacity, physician links training, mechanism to establish a sustained funding source for family and youth involvement and leadership development, and update reports on block grant funded initiatives by contractors.

Recommendations on indicators and measures included:
- ✔ Obtain regular reports on basic data that is reported in the MHBG Report through the year. Trends and changes will be noted and inform planning and projected targets.
    - ○ **RESPONSE**: Quality Management Team plans to develop a regular report (probably quarterly) for general information. Need to look at NCTOPPS child reports to see if Council data needs will be met or ID additional items to see if possible.
- ✔ Show trends over time in data reported in the Block Grant report. What is possible to measure apples to apples with the new data systems? [It was noted that data comparisons for trends over time was difficult in the past few years while data systems, outcome tools, population criteria and data samples were modified.]
- ✔ Explore ability to measure the following:
    - ○ By county/LME the # of children
        - ▪ in out of home or out of county treatment services.
            - • # children served in home community (county of residence of service)
        - ▪ receiving mental health services who are in DSS custody.
            - • by paid claims data can inform this
            - • NCTOPPs
        - ▪ receiving mental health services who are involved with the justice system.
            - • NCTOPPs
        - ▪ # <u>of children referred, but not served</u> or time in waiting for services.
            - • Will be able to get this from new <u>STR form</u> once in place
            - • NCTOPPS – timely access found by #days from referral to initial date of service.
        - ▪ Run by rural vs. urban counties for all services.
    - ○ # of children served who are homeless as well as keeping the indicator for funding level. Add as an indicator.
        - ▪ Can add as indicator. IPRS data gives an unduplicated count.
    - ○ # of children who are deaf and hard of hearing getting services and what these services are.

- Susan requested from Ging special pops data
  - # of children who are sexually reactive/aggressive receiving services.
    - Susan requested from Ging special pops data
  - # of children referred, but screened out as eligible for target populations – what happened to them, what services do they get, what provider sees them.
    - QM - Screening, Triage, Referral form (draft now only) will capture this and report to LME – in process now
    - Check with customer service reports re: consumer complaints
  - By county, the # of providers/cultural representation/for what services are endorsed and enrolled. Add as an indicator for strengthening service system and in Criterion 5.
    - LME endorsement info may give some info. See sample.
      - In future hope to have a searchable database for provider profiles as referenced in a memo sent last SFY05. Is not in place yet.
    - Consumer survey – items get at this thru needs met.
    - Explore provider report card format and criteria for report card that reflect SOC best practices.
      - # of providers who obtained training and certifications to implement best practices and EBP such as MST, therapeutic foster care, cognitive behavioral therapy, trauma focused therapy. How do professional organizations improve provider practices and inform this data and thus child outcomes?
        - Provider endorsement report provides for MST, day treatment, intensive in home, mobile crisis, community support; will do for TFC when endorsed.
        - QM- A provider performance report will be in place by next SFY 08.
        - Do not have a way to formally poll the professional organizations at this time re: EBP certified folks.

- By county or statewide, # of family support/advocate groups available to families and a scan of the membership.
  - FERN – Family Education Resource Network is a source for this information.
- Explore changes to the consumer satisfaction survey to gain more qualitative information on process, timeliness of diagnostic assessment and services, strengths based, cultural competence, family friendly, consumer driven, appropriate to/met needs, degree consumer understood rights, choices and could make informed decisions for their care.
  - Measure satisfaction of any encounter with the LME/provider.
  - Measure status of no show, incomplete referral, disengaged consumer – could consumers be trained to do f/up at agreed upon interval?
- Explore ways to measure degree of the continuity of care in community based system (Provider changes are reported to occur at a higher frequency than in the past.)
  - NCTOPPS can ID clinical home thru Community Support provider, if there is a change in provider.

- ✔ Gain better understanding of the process by which consumers (youth and families) are asked to complete the NCTOPPS (yes) and consumer satisfaction (no). Explore changes to this process to remove barriers and get more accurate results that will improve quality of care.
    - o   QM noted the need to expand to providers.
- ✔ Ask partners from Medicaid, Health Choice, social services, public health, primary care providers, schools, justice and courts to provide data they have available about these same children to better inform DMHDDSAS data sets.
    - o   See examples gathered to date.
- ✔ Ask quality management and accountability what expectation is in place for and how the LMEs are providing training to and practice information on tools (NCTOPPS –yes & ongoing, consumer satisfaction survey-no) and how this is monitored or measured by the LMEs in actual services to families and how consumers are involved in this evaluation/monitoring process.
    - o   Need to expand to providers.

Committee next steps:
- ✔ Prior to August 4th, members will send Susan edits to the Plan for review at the August 4th full council meeting.
- ✔ Prior to August 4th, members will review the draft possible reports (example NCTOPPS March 2006 6-11 yr old and 12-17 yr old reports as the regular data reports that the Council will be provided for review to inform planning and reporting on MHBG priorities in the coming year. Members to bring suggestions/comments to the August 4th full council meeting.

Sheila thanked members for the lively data discussion, Plan comments and adjourned the meeting at 12:30 pm.